U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210.

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Manageme
and Budget
No. 1215-0188
Expires 11-30-200

This mention procedulatory under P.L. 86-257, as amended, Failure to comply may result in criminal prosecution, times, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. Name Do M. Kirby		
3. Name and address of person filing. Name Do M. Kirby	1. File Number U - 7788	2. Fiscal Year Covered From:
Name Description Descript		Z/Z/09 Through: 12/31/09
Labor Organization File Number Labor Organization File Number	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
P.O. Box, Bidg., Room No., if emy Street City City Chy Chy Chy Chy Chy Chy Chy C	Name John W KIRby	Name International Brotherhood of Election
Street C2 Hardwood Rd City Palmyra State VA ZP Code+4 22934 State VA ZP Code+4 22934 State VA ZP Code+4 229 5. Position in labor organization. Enter appropriate data below it, during the past facal year, you or your apouse or minor child diffractly or indirectly had any of the following interests (except as specified in the exclusions set forth in the interections): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Spand Tarkway. 7. A. Neture of interest, Transaction, or income. Salary 7. A. Amount. Street C3 91 3 pand Tarkway. Street C3 91 3 pand Tarkway. Street C3 91 3 pand Tarkway. Signature and verification. The undersigned declares, under penelty of Partyr, and other applicable penelties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of		
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submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of		
undersigned's knowledge and belief, true, correct, and complete, (See the section on panelties in the instructions.)	submitted in this report (including the information contained in any accompan-	ying documents), has been examined by the signatory and is, to the best of the
Signed Alw. Kirty On (c-23-05) F7345910320 Date Telephone Number	Signed John. Kirth	On (6-23-05) F7345910320 Date Telephone Number

Name of Person Filing	ΛT	1-			File Number U- 27	88		
B. Held an interest in or derived income or substantial part of which consists of buying of an amployer whose employees your lab (2) any part of which consists of buying from dealing with your labor organization or with	from, seiling or organizatio m or selling o	or leasin in represe r leasing	ig to, or other ents or is ecti directly or in	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise				
8. Name and address of Business (Including	trade name,	l any).		9. Business deals with:	- 18 B	-		
Trade Name, If any:				e. Lebor Organiza				
P.O. Box, Bldg., Room No., II any Street				c. Employer	en e			
Chy State	ZIP Code +	4						
10, If 9.b. or 9.c. is checked give trust or on	nployer's nem		\$	11.s. Nature of such deal	(e			
Trade Name, II arry:								
P.O. Box, Bidg., Room No., If any				11.b. Approximate dollar val	re of such dealing.			
City State	ZIP Code +	4		12.a. Nature of interest hel	d or income received.			
	San	are St						
		an Committee		12.b. Amount				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Lat (including trade name, If any).	or Relations	Consulta	ni.	14.a. Neture of payment.				
Trade Name, If any:								
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13.b, is the Business on Employer	or Consu		<u> </u>	14.b. Amount of payment.				